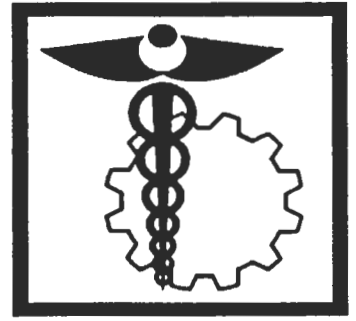


NIOSH



Generic Job Stress Questionnaire

National Institute for Occupational Safety and Health
Division of Behavioral and Biomedical Sciences
Motivation and Stress Research Section
Cincinnati, Ohio 45226
(513) 533 - 8293

QUESTIONNAIRE ADMINISTRATION - PART 1

STUDY ID:

1 1 1 1 1 1 [1- 5]

FORM NUMBER:

91 91 [6- 7]

FORM REVISION:

1 0 1 1 [8- 9]

There are 22 form modules included in this questionnaire. You are encouraged to use all of these forms in your survey. A complete list of the full set of forms follows. Please put a one in the appropriate box for those modules which you intend to administer in your survey.

FORM MODULE	FORM VERSION	FORM DESCRIPTION	WILL USE IN THIS SURVEY?
			Blank=No, 1=Yes 1 1 [10]
17	02	Background Information**	Blank=No, 1=Yes 1 1 [11]
05	01	Conflict at Work	Blank=No, 1=Yes 1 1 [12]
06	01	Control Scale	Blank=No, 1=Yes 1 1 [13]
07	01	Employment Opportunities	Blank=No, 1=Yes 1 1 [14]
14	01	General Health	Blank=No, 1=Yes 1 1 [15]
01	02	General Job Information	Blank=No, 1=Yes 1 1 [16]
15	01	Health Condition	Blank=No, 1=Yes 1 1 [17]
13	01	How do you feel about yourself	Blank=No, 1=Yes 1 1 [18]
09	02	Job Requirements	Blank=No, 1=Yes 1 1 [19]
18	01	Job Satisfaction	Blank=No, 1=Yes 1 1 [20]
11	01	Mental Demands	Blank=No, 1=Yes 1 1 [21]
12	01	Non Work Activities	Blank=No, 1=Yes 1 1 [22]
16	02	Other Health Information	Blank=No, 1=Yes 1 1 [23]
03	01	Physical Environment	Blank=No, 1=Yes 1 1 [24]
20	01	Problems at Work	Blank=No, 1=Yes 1 1 [25]
08	01	Social Support	Blank=No, 1=Yes 1 1 [26]
02	01	Work Hazards	Blank=No, 1=Yes 1 1 [27]
22	01	Work Limitations	Blank=No, 1=Yes 1 1 [28]
10	01	Workload and Responsibility	Blank=No, 1=Yes 1 1 [29]
04	01	Your Job	Blank=No, 1=Yes 1 1 [30]
21	01	Your Job Future	Blank=No, 1=Yes 1 1 [31]

** Note: Form 17, BACKGROUND INFORMATION, should always be the first form of every packet of forms distributed to a respondent.

FACTOR INFORMATION

FORM NUMBER:
FORM REVISION:

191 61 [6- 7]
101 11 [8- 9]

FCTR #/REV	FACTOR NAME	FRM REV	FACTOR DEFINITION [REVERSE IN BOLD]	MEAN	SD	ALPHA	STUDY	TYPE
01/01	Physical Env. Eval	03/01	1,2,3,4,5,6,7,8,9,10					0
02/01	Role Conflict	04/01	3,5,7,8,10-12,14			0.82	Nrse	0
03/01	Role Ambiguity	04/01	1,2,4,6,9,13					0
04/01	Intragroup Conflict	05/01	1,2-4,5,6,7,8			0.86	Nrse	0
05/01	Intergroup Conflict	05/01	9,10,11,12,13,14,15,16			0.85	Nrse	0
06/01	Job Future Ambgty	21/01	1-4			0.65	Nrse	0
07/01	Perceived Control	06/01	1-16			0.90	Nrse	0
23/00	Task Control	06/01	1,3,4,5,6,15,16			0.85		1
24/00	Decision Control	06/01	8,10,11,13			0.74		1
25/00	Physical Env. Cntrl	06/01	7,14			0.79		1
26/00	Resource Control	06/01	2,12			0.82		1
08/01	Lack of Alt. Opp.	07/01	1-3			0.80		0
09/01	Socl Suprt frm Spr	08/01	1,4,7,10			0.88	.87 Postal	0
10/01	Socl Suprt frm Cwrk	08/01	2,5,8,11			0.84	.85 Postal	0
11/01	Socl Suprt frm Fmly	08/01	3,6,9,12			0.85	.76 Postal	0
12/01a	Quantitative Wrkld	09/02	1-4					0
12/01b	Quantitative Wrkld	10/01	1,2,3,4,5,6,7			0.85	Nrse	0
13/01	Variance in Wrkld	09/02	5-7			0.86	Nrse	0
14/01	Respnsblty for Pple	10/01	8-11			0.62	Nrse	0
15/01	Skill Underutiliztn	09/02	8,9,10			0.73	Nrse	0
16/01	Mental Demands	11/01	1,2,3,4,5			0.75	.71 Postal	0
17/01	Nonwork Activities	12/01	1-7					0
								0
19/01	Self-Esteem	13/01	1,2,3,4,5,6,7,8,9,10			0.85	Nrse	0
20/01	Somatic Complaints	14/01	1-17			0.87	Nrse	0
21/01	Job Satisfaction	18/01	1-4			0.83	Nrse	0
22/01	Depression	16/02	6-8, 9, 10-12, 13, 14-16, 17, 18-20, 21, 22-25					0

Type 0 = Subjective Assessment

Type 1 = Principle Component with Oblique Rotation

BACKGROUND INFORMATION

STUDY ID:
FORM NUMBER:
FORM REVISION:

[1- 5]
 [6- 7]
 [8- 9]

We want to know about your work environment and how it affects you. This information is not available anywhere else. Your answers on the enclosed forms are needed.

DO NOT PUT YOUR NAME ON ANY OF THE FORMS PROVIDED. Your answers are to remain anonymous. The information which you provide will be combined with other answers only in statistical summaries.

Thank you for your cooperation and support.

1. What is your Gender? [10]

1 = FEMALE 2 = MALE

2. How old were you on your last birthday? [in years] [11-12]

3. What is your marital status? [13]

1 = MARRIED 3 = SINGLE, DIVORCED
2 = SINGLE, NEVER MARRIED 4 = SINGLE, WIDOWED

If you have children living at home, how many are in each of the following age groups:

4.	LESS THAN 4 YEARS OLD	<input type="text"/> [14]
5.	4 THROUGH 12 YEARS OLD	<input type="text"/> [15]
6.	13 THROUGH 18 YEARS OLD	<input type="text"/> [14]
7.	19 AND OVER	<input type="text"/> [17]

CONFLICT AT WORK

STUDY ID:

FORM NUMBER:

FORM REVISION:

[1- 5]

[6- 7]

[8- 9]

Please answer the following questions about your work situation.

1. There is harmony within my group.

[1]
Strongly
Disagree

[2]
Moderately
Disagree

[3]
Neither Agree
nor Disagree

[4]
Moderately
Agree

[5]
Strongly
Agree

[10]

2. In our group, we have lots of bickering over who should do what job.

[1]
Strongly
Disagree

[2]
Moderately
Disagree

[3]
Neither Agree
nor Disagree

[4]
Moderately
Agree

[5]
Strongly
Agree

[11]

3. There is difference of opinion among the members of my group.

[1]
Strongly
Disagree

[2]
Moderately
Disagree

[3]
Neither Agree
nor Disagree

[4]
Moderately
Agree

[5]
Strongly
Agree

[12]

4. There is dissension in my group.

[1]
Strongly
Disagree

[2]
Moderately
Disagree

[3]
Neither Agree
nor Disagree

[4]
Moderately
Agree

[5]
Strongly
Agree

[13]

5. The members of my group are supportive of each other's ideas.

[1]
Strongly
Disagree

[2]
Moderately
Disagree

[3]
Neither Agree
nor Disagree

[4]
Moderately
Agree

[5]
Strongly
Agree

[14]

6. There are clashes between subgroups within my group.

[1]
Strongly
Disagree

[2]
Moderately
Disagree

[3]
Neither Agree
nor Disagree

[4]
Moderately
Agree

[5]
Strongly
Agree

[15]

7. There is friendliness among the members of my group.

[1]
Strongly
Disagree

[2]
Moderately
Disagree

[3]
Neither Agree
nor Disagree

[4]
Moderately
Agree

[5]
Strongly
Agree

[16]

8. There is "we" feeling among members of my group.

[1]
Strongly
Disagree

[2]
Moderately
Disagree

[3]
Neither Agree
nor Disagree

[4]
Moderately
Agree

[5]
Strongly
Agree

[17]

9. There are disputes between my group and other groups.

[1]
Strongly
Disagree

[2]
Moderately
Disagree

[3]
Neither Agree
nor Disagree

[4]
Moderately
Agree

[5]
Strongly
Agree

[18]

10. There is agreement between my group and other groups.

[1]
Strongly
Disagree

[2]
Moderately
Disagree

[3]
Neither Agree
nor Disagree

[4]
Moderately
Agree

[5]
Strongly
Agree

[19]

CONTINUED ON NEXT PAGE...

Please answer the following questions about your work situation.

- | | | | | | | | |
|-----|---|-------------------------------|--------------------------------------|----------------------------|--------------------------|---|-------|
| 11. | Other groups withhold information necessary for the attainment of our group tasks. | | | | | | |
| | [1]
Strongly
Disagree | [2]
Moderately
Disagree | [3]
Neither Agree
nor Disagree | [4]
Moderately
Agree | [5]
Strongly
Agree | _ | [20] |
| 12. | The relationship between my group and other groups is harmonious in attaining the overall organizational goals. | | | | | | |
| | [1]
Strongly
Disagree | [2]
Moderately
Disagree | [3]
Neither Agree
nor Disagree | [4]
Moderately
Agree | [5]
Strongly
Agree | _ | [21] |
| 13. | There is lack of mutual assistance between my group and other groups. | | | | | | |
| | [1]
Strongly
Disagree | [2]
Moderately
Disagree | [3]
Neither Agree
nor Disagree | [4]
Moderately
Agree | [5]
Strongly
Agree | _ | [22] |
| 14. | There is cooperaton between my group and other groups. | | | | | | |
| | [1]
Strongly
Disagree | [2]
Moderately
Disagree | [3]
Neither Agree
nor Disagree | [4]
Moderately
Agree | [5]
Strongly
Agree | _ | [23] |
| 15. | There are personality clashes between my group and other groups. | | | | | | |
| | [1]
Strongly
Disagree | [2]
Moderately
Disagree | [3]
Neither Agree
nor Disagree | [4]
Moderately
Agree | [5]
Strongly
Agree | _ | [24] |
| 16. | Other groups create problems for my group. | | | | | | |
| | [1]
Strongly
Disagree | [2]
Moderately
Disagree | [3]
Neither Agree
nor Disagree | [4]
Moderately
Agree | [5]
Strongly
Agree | _ | [25] |

CONTROL SCALE

STUDY ID:

FORM NUMBER:

FORM REVISION:

1 2 3 4 5 [1- 5]

1 0 1 6 1 [6- 7]

1 0 1 1 1 [8- 9]

This series of questions asks how much influence you now have in each of several areas. By influence we mean the degree to which you control what is done by others at work and have freedom to determine what you do yourself at work.

1. How much influence do you have over the variety of tasks you perform?

[1]
Very
Little

[2]
Little

[3]
A Moderate
Amount

[4]
Much

[5]
Very
Much

1 1 [10]

2. How much influence do you have over the availability of supplies and equipment you need to do your work?

[1]
Very
Little

[2]
Little

[3]
A Moderate
Amount

[4]
Much

[5]
Very
Much

1 1 [11]

3. How much influence do you have over the order in which you perform tasks at work?

[1]
Very
Little

[2]
Little

[3]
A Moderate
Amount

[4]
Much

[5]
Very
Much

1 1 [12]

4. How much influence do you have over the amount of work you do?

[1]
Very
Little

[2]
Little

[3]
A Moderate
Amount

[4]
Much

[5]
Very
Much

1 1 [13]

5. How much influence do you have over the pace of your work, that is how fast or slow you work?

[1]
Very
Little

[2]
Little

[3]
A Moderate
Amount

[4]
Much

[5]
Very
Much

1 1 [14]

6. How much influence do you have over the quality of the work that you do?

[1]
Very
Little

[2]
Little

[3]
A Moderate
Amount

[4]
Much

[5]
Very
Much

1 1 [15]

7. How much influence do you have over the arrangement and decoration of your work area?

[1]
Very
Little

[2]
Little

[3]
A Moderate
Amount

[4]
Much

[5]
Very
Much

1 1 [16]

8. How much influence do you have over the decisions concerning which individuals in your work unit do which tasks?

[1]
Very
Little

[2]
Little

[3]
A Moderate
Amount

[4]
Much

[5]
Very
Much

1 1 [17]

CONTINUED ON NEXT PAGE...

NIOSH Generic Job Stress Questionnaire

This series of questions asks how much influence you now have in each of several areas. By influence we mean the degree to which you control what is done by others at work and have freedom to determine what you do yourself at work.

9. How much influence do you have over the hours or schedule that you work?

[1] Very Little	[2] Little	[3] A Moderate Amount	[4] Much	[5] Very Much	_ [18]
-----------------------	---------------	-----------------------------	-------------	---------------------	-----------

10. How much influence do you have over the decisions as to when things will be done in your work unit?

[1] Very Little	[2] Little	[3] A Moderate Amount	[4] Much	[5] Very Much	_ [19]
-----------------------	---------------	-----------------------------	-------------	---------------------	-----------

11. How much do you influence the policies, procedures, and performance in your work unit?

[1] Very Little	[2] Little	[3] A Moderate Amount	[4] Much	[5] Very Much	_ [20]
-----------------------	---------------	-----------------------------	-------------	---------------------	-----------

12. How much influence do you have over the availability of materials you need to do your work?

[1] Very Little	[2] Little	[3] A Moderate Amount	[4] Much	[5] Very Much	_ [21]
-----------------------	---------------	-----------------------------	-------------	---------------------	-----------

13. How much influence do you have over the training of other workers in your unit?

[1] Very Little	[2] Little	[3] A Moderate Amount	[4] Much	[5] Very Much	_ [22]
-----------------------	---------------	-----------------------------	-------------	---------------------	-----------

14. How much influence do you have over the arrangement of furniture and other work equipment in your unit?

[1] Very Little	[2] Little	[3] A Moderate Amount	[4] Much	[5] Very Much	_ [23]
-----------------------	---------------	-----------------------------	-------------	---------------------	-----------

15. To what extent can you do your work ahead and take a short rest break during work hours?

[1] Very Little	[2] Little	[3] A Moderate Amount	[4] Much	[5] Very Much	_ [24]
-----------------------	---------------	-----------------------------	-------------	---------------------	-----------

16. In general, how much influence do you have over work and work-related factors?

[1] Very Little	[2] Little	[3] A Moderate Amount	[4] Much	[5] Very Much	_ [25]
-----------------------	---------------	-----------------------------	-------------	---------------------	-----------

EMPLOYMENT OPPORTUNITIES

STUDY ID:

FORM NUMBER:

FORM REVISION:

|_|_|_|_| [1- 5]

| 01 7 | [6- 7]

| 01 1 | [8- 9]

The next four questions ask you to evaluate your feelings about your job in relationship to other jobs you might be able to get. Please respond to each item by placing the number of the response that best indicates your feelings about the question in the box on the far right.

1. How easy would it be for you to find a suitable job with another employer?

[1]	[2]	[3]	[4]	[5]	_ [10]
Very Easy	Quite Easy	Fairly Easy	Not Quite so Easy	Not at all Easy	

2. How easy would it be for you to find a job as good as the one you now have with another employer?

[1]	[2]	[3]	[4]	[5]	_ [11]
Very Easy	Quite Easy	Fairly Easy	Not Quite so Easy	Not at all Easy	

3. How would you describe the number of available jobs, with all types of employers, for a person with your qualifications?

[1]	[2]	[3]	[4]	[5]	_ [12]
Very Easy	Quite Easy	Fairly Easy	Not Quite so Easy	Not at all Easy	

4. How likely is it that you would have to move out of your local area to find a suitable job with another employer?

[1]	[2]	[3]	[4]	[5]	_ [13]
Very Easy	Quite Easy	Fairly Easy	Not Quite so Easy	Not at all Easy	

GENERAL HEALTH

STUDY ID:

____ [1- 5]

FORM NUMBER:

____ [6- 7]

FORM REVISION:

____ [8- 9]

This portion of the questionnaire contains items that are related to general health. These items are not necessarily related to severe physical illness but are things that people experience in their day to day lives.

How often have you experienced any of the following during the past month?

1. Your face became hot when you were not in a hot room or exercising.
[1] [2] [3] [4] [5] _____ [10]
Never Occasionally Sometimes Fairly Often Very Often
2. You perspired excessively when you were not in a hot room or exercising.
[1] [2] [3] [4] [5] _____ [11]
Never Occasionally Sometimes Fairly Often Very Often
3. Your mouth became dry.
[1] [2] [3] [4] [5] _____ [12]
Never Occasionally Sometimes Fairly Often Very Often
4. Your muscles felt tight and tense.
[1] [2] [3] [4] [5] _____ [13]
Never Occasionally Sometimes Fairly Often Very Often
5. You were bothered by a headache.
[1] [2] [3] [4] [5] _____ [14]
Never Occasionally Sometimes Fairly Often Very Often
6. You felt as if the blood were rushing to your head.
[1] [2] [3] [4] [5] _____ [15]
Never Occasionally Sometimes Fairly Often Very Often
7. You felt a lump in your throat or a choked-up feeling.
[1] [2] [3] [4] [5] _____ [16]
Never Occasionally Sometimes Fairly Often Very Often
8. Your hands trembled enough to bother you.
[1] [2] [3] [4] [5] _____ [17]
Never Occasionally Sometimes Fairly Often Very Often
9. You were bothered by shortness of breath when you were not working hard or exercising.
[1] [2] [3] [4] [5] _____ [18]
Never Occasionally Sometimes Fairly Often Very Often
10. You were bothered by your heart beating hard.
[1] [2] [3] [4] [5] _____ [19]
Never Occasionally Sometimes Fairly Often Very Often

CONTINUED ON NEXT PAGE...

NIOSH Generic Job Stress Questionnaire

GENERAL JOB INFORMATION

STUDY ID:

____ [1- 5]

FORM NUMBER:

01 [6- 7]

FORM REVISION:

01 [8- 9]

Please answer the following questions.

1. How long have you worked with your present employer? YEARS MONTHS
____ [10-13]
 What is your current JOB TITLE:
 _____ [14-43]
 JOB TITLE CODE: ____ [44-52]

2 3 4
5. How long have you worked in this job? YEARS MONTHS
____ [53-56]
6. Select the most appropriate description of your JOB SITUATION:
 1 Full-time permanent employee
 2 Full-time temporary employee
 3 Part-time permanent employee
 4 Casual
 5 Other ____ [57]
7. Select the description that comes closest to your present WORK SHIFT:
 1 Rotating eight-hour shift
 2 Rotating twelve-hour shift
 3 Permanent day shift
 4 Permanent evening shift
 5 Permanent night shift
 6 Other ____ [58]
8. How long have you worked the shift you indicated above? YEARS MONTHS
____ [59-62]
9. IF you work on a rotating shift, what ROTATION PATTERN do you follow?

EIGHT-HOUR SHIFT 1 DAY to EVENING to NIGHT 2 NIGHT to EVENING to DAY 3 No set pattern	TWELVE-HOUR SHIFT: 4 DAY to NIGHT 5 NIGHT to DAY 6 No set pattern
---	---

____ [63]
10. How many times a week do you change shifts?
 1 0 times [I don't change]
 2 2 times
 3 More than 2 times
 4 On call
 5 Standby
 6 Non standard work week
 7 Other ____ [64]
11. How many hours do you normally work per week in your job? ____ [65-66]
12. How many hours overtime do you work in your job in an average week? ____ [67-68]
13. How many hours per week do you work on any other job? ____ [69-70]
 [PLEASE MARK 0 IF NO OTHER JOB]

This portion of the questionnaire contains items that are related to general health. These items are not necessarily related to severe physical illness but are things that people experience in their day to day lives.

How often have you experienced any of the following during the past month?

11. Your hands sweated so that you felt damp and clammy.

[1]	[2]	[3]	[4]	[5]	__ [20]
Never	Occasionally	Sometimes	Fairly Often	Very Often	

12. You had spells of dizziness.

[1]	[2]	[3]	[4]	[5]	__ [21]
Never	Occasionally	Sometimes	Fairly Often	Very Often	

13. You were bothered by having an upset stomach or stomach ache.

[1]	[2]	[3]	[4]	[5]	__ [22]
Never	Occasionally	Sometimes	Fairly Often	Very Often	

14. You were bothered by your heart beating.

[1]	[2]	[3]	[4]	[5]	__ [23]
Never	Occasionally	Sometimes	Fairly Often	Very Often	

15. You were in ill health which affected your work.

[1]	[2]	[3]	[4]	[5]	__ [24]
Never	Occasionally	Sometimes	Fairly Often	Very Often	

16. You had a loss of appetite.

[1]	[2]	[3]	[4]	[5]	__ [25]
Never	Occasionally	Sometimes	Fairly Often	Very Often	

17. You had trouble sleeping at night.

[1]	[2]	[3]	[4]	[5]	__ [26]
Never	Occasionally	Sometimes	Fairly Often	Very Often	

HEALTH CONDITIONS

STUDY ID:
FORM NUMBER:
FORM REVISION:

[1- 5]

[6- 7]

[8- 9]

Within the past twelve months, has a doctor ever treated you for, or told you that you had any of the following: Please put a 1 for No or a 2 for Yes in the box on the right side of the page.

1.	Diabetes	1=No 2=Yes	<input type="text"/> [10]
2.	Cancer	1=No 2=Yes	<input type="text"/> [11]
3.	Hernia or rupture	1=No 2=Yes	<input type="text"/> [12]
4.	Tuberculosis	1=No 2=Yes	<input type="text"/> [13]
5.	Asthma	1=No 2=Yes	<input type="text"/> [14]
6.	"High" blood pressure	1=No 2=Yes	<input type="text"/> [15]
7.	Heart disease	1=No 2=Yes	<input type="text"/> [16]
8.	Arthritis	1=No 2=Yes	<input type="text"/> [17]
9.	Epilepsy	1=No 2=Yes	<input type="text"/> [18]
10.	Glaucoma	1=No 2=Yes	<input type="text"/> [19]
11.	Paralysis, tremor or shaking	1=No 2=Yes	<input type="text"/> [20]
12.	Kidney or bladder trouble	1=No 2=Yes	<input type="text"/> [21]
13.	Lung or breathing problems	1=No 2=Yes	<input type="text"/> [22]
14.	Stroke	1=No 2=Yes	<input type="text"/> [23]
15.	Anemia	1=No 2=Yes	<input type="text"/> [24]
16.	Gall Bladder, liver, or pancreas trouble	1=No 2=Yes	<input type="text"/> [25]
17.	Thyroid trouble or goiter	1=No 2=Yes	<input type="text"/> [26]
18.	Insomnia	1=No 2=Yes	<input type="text"/> [27]
19.	Gastritis	1=No 2=Yes	<input type="text"/> [28]
20.	Colitis	1=No 2=Yes	<input type="text"/> [29]
21.	Stomach ulcer	1=No 2=Yes	<input type="text"/> [30]
22.	Alcoholism	1=No 2=Yes	<input type="text"/> [31]
23.	Emotional problems	1=No 2=Yes	<input type="text"/> [32]
24.	Back problems	1=No 2=Yes	<input type="text"/> [33]

HOW DO YOU FEEL ABOUT YOURSELF

STUDY ID:

____ [1- 5]

FORM NUMBER:

____ [6- 7]

FORM REVISION:

____ [8- 9]

Please indicate how strongly you agree or disagree with the following statements.

1. On the whole, I am satisfied with myself.

[1]
Strongly
Disagree

[2]
Disagree

[3]
Neither Agree
nor Disagree

[4]
Agree

[5]
Strongly
Agree

____ [10]

2. I feel I do not have much to be proud of.

[1]
Strongly
Disagree

[2]
Disagree

[3]
Neither Agree
nor Disagree

[4]
Agree

[5]
Strongly
Agree

____ [11]

3. I certainly feel useless at times.

[1]
Strongly
Disagree

[2]
Disagree

[3]
Neither Agree
nor Disagree

[4]
Agree

[5]
Strongly
Agree

____ [12]

4. I feel that I'm a person of worth, at least on an equal basis with others.

[1]
Strongly
Disagree

[2]
Disagree

[3]
Neither Agree
nor Disagree

[4]
Agree

[5]
Strongly
Agree

____ [13]

5. I feel that I have a number of good qualities.

[1]
Strongly
Disagree

[2]
Disagree

[3]
Neither Agree
nor Disagree

[4]
Agree

[5]
Strongly
Agree

____ [14]

6. All in all, I am inclined to feel that I am a failure.

[1]
Strongly
Disagree

[2]
Disagree

[3]
Neither Agree
nor Disagree

[4]
Agree

[5]
Strongly
Agree

____ [15]

7. I wish I could have more respect for myself.

[1]
Strongly
Disagree

[2]
Disagree

[3]
Neither Agree
nor Disagree

[4]
Agree

[5]
Strongly
Agree

____ [16]

8. I am able to do things as well as most other people

[1]
Strongly
Disagree

[2]
Disagree

[3]
Neither Agree
nor Disagree

[4]
Agree

[5]
Strongly
Agree

____ [17]

9. At times I think I am no good at all.

[1]
Strongly
Disagree

[2]
Disagree

[3]
Neither Agree
nor Disagree

[4]
Agree

[5]
Strongly
Agree

____ [18]

10. I take a positive attitude toward myself.

[1]
Strongly
Disagree

[2]
Disagree

[3]
Neither Agree
nor Disagree

[4]
Agree

[5]
Strongly
Agree

____ [19]

JOB REQUIREMENTS

STUDY ID:

|_|_|_|_|_| [1- 5]

FORM NUMBER:

| 01 9| [6- 7]

FORM REVISION:

| 01 2| [8- 9]

Now we would like you to indicate how often certain things happen at your job. Please write the number for your response in the box to the right of each question.

1. How often does your job require you to work very fast?

[1] Rarely	[2] Occasionally	[3] Sometimes	[4] Fairly Often	[5] Very Often	_ [10]
---------------	---------------------	------------------	---------------------	-------------------	----------
2. How often does your job require you to work very hard?

[1] Rarely	[2] Occasionally	[3] Sometimes	[4] Fairly Often	[5] Very Often	_ [11]
---------------	---------------------	------------------	---------------------	-------------------	----------
3. How often does your job leave you with little time to get things done?

[1] Rarely	[2] Occasionally	[3] Sometimes	[4] Fairly Often	[5] Very Often	_ [12]
---------------	---------------------	------------------	---------------------	-------------------	----------
4. How often is there a great deal to be done?

[1] Rarely	[2] Occasionally	[3] Sometimes	[4] Fairly Often	[5] Very Often	_ [13]
---------------	---------------------	------------------	---------------------	-------------------	----------
5. How often is there a marked increase in the work load?

[1] Rarely	[2] Occasionally	[3] Sometimes	[4] Fairly Often	[5] Very Often	_ [14]
---------------	---------------------	------------------	---------------------	-------------------	----------
6. How often is there a marked increase in the amount of concentration required on your job?

[1] Rarely	[2] Occasionally	[3] Sometimes	[4] Fairly Often	[5] Very Often	_ [15]
---------------	---------------------	------------------	---------------------	-------------------	----------
7. How often is there a marked increase in how fast you have to think?

[1] Rarely	[2] Occasionally	[3] Sometimes	[4] Fairly Often	[5] Very Often	_ [16]
---------------	---------------------	------------------	---------------------	-------------------	----------
8. How often does your job let you use the skills and knowledge you learned in school?

[1] Rarely	[2] Occasionally	[3] Sometimes	[4] Fairly Often	[5] Very Often	_ [17]
---------------	---------------------	------------------	---------------------	-------------------	----------
9. How often are you given a change to do the things you do the best?

[1] Rarely	[2] Occasionally	[3] Sometimes	[4] Fairly Often	[5] Very Often	_ [18]
---------------	---------------------	------------------	---------------------	-------------------	----------
10. How often can you use the skills from your previous experience and training?

[1] Rarely	[2] Occasionally	[3] Sometimes	[4] Fairly Often	[5] Very Often	_ [19]
---------------	---------------------	------------------	---------------------	-------------------	----------

JOB SATISFACTION

STUDY ID:

|_|_|_|_| [1- 5]

FORM NUMBER:

| 1 | 8 | [6- 7]

FORM REVISION:

| 0 | 1 | [8- 9]

We would like you to think about the type of work you do in your job.

1. Knowing what you know now, if you had to decide all over again whether to take the type of job you now have, what would you decide?

I would ...

[1]
Decide Without
Hesitation to
Take the Same Job

[2]
Have Some
Second Thoughts

[3]
Decide Definitely
NOT to Take
This Type of Job

|_| [10]

2. If you were free right now to go into any type of job you wanted, what would your choice be?

I would ...

[1]
Take the Same Job

[2]
Take a Different Job

[3]
Not Want to Work

|_| [11]

3. If a friend of yours told you he/she was interestd in working in a job like yours, what would you tell him/her

I would ...

[1]
Strongly Recommend It

[2]
Have Doubts about
Recommending It

[3]
Advise Against It

|_| [12]

4. All in all, how satisfied would you say you are with your job?

I am ...

[1]
Very
Satisfied

[2]
Somewhat
Satisfied

[3]
Not Too
Satisfied

[4]
Not at All
Satisfied

|_| [13]

MENTAL DEMANDS

STUDY ID:
FORM NUMBER:
FORM REVISION:

[1- 5]
 [6- 7]
 [8- 9]

Please indicate the degree to which you agree or disagree with the following statements about your job.

1. My job requires a great deal of concentration.

[1]	[2]	[3]	[4]	<input type="text"/> [10]
Strongly	Slightly	Slightly	Strongly	
Agree	Agree	Disagree	Disagree	

2. My job requires me to remember many different things.

[1]	[2]	[3]	[4]	<input type="text"/> [11]
Strongly	Slightly	Slightly	Strongly	
Agree	Agree	Disagree	Disagree	

3. I must keep my mind on my work at all times.

[1]	[2]	[3]	[4]	<input type="text"/> [12]
Strongly	Slightly	Slightly	Strongly	
Agree	Agree	Disagree	Disagree	

4. I can take it easy and still get my work done.

[1]	[2]	[3]	[4]	<input type="text"/> [13]
Strongly	Slightly	Slightly	Strongly	
Agree	Agree	Disagree	Disagree	

5. I can let my mind wander and still do the work.

[1]	[2]	[3]	[4]	<input type="text"/> [14]
Strongly	Slightly	Slightly	Strongly	
Agree	Agree	Disagree	Disagree	

NON-WORK ACTIVITIES

STUDY ID:

[1- 5]

FORM NUMBER:

[6- 7]

FORM REVISION:

[8- 9]

Please answer the following questions.

1. Do you work on another job in additon to this one?

[0] [1]
No Yes

[10]

2. Do you have any children at home?

[0] [1]
No Yes

[11]

3. Do you have primary responsibility for childcare duties?

[0] [1]
No Yes

[12]

4. Do you have primary responsibility for house cleaning duties?

[0] [1]
No Yes

[13]

5. Do you have primary responsibility for the care of an elderly or disabled person on a regular basis?

[0] [1]
No Yes

[14]

6. Are you going to school and taking courses for credit toward a degree?

[0] [1]
No Yes

[15]

7. Do you belong to a voluntary or religious organization at which you spend at least 5-10 hours per week?

[0] [1]
No Yes

[16]

OTHER HEALTH INFORMATION

STUDY ID:
FORM NUMBER:
FORM REVISION:

[1- 5]
 [6- 7]
 [8- 9]

On an average day, how many of each of the following do you smoke?

- | | | | |
|----|---------------------|---|---------|
| 1. | Cigarettes | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | [10-11] |
| 2. | Cigars | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | [12-13] |
| 3. | Pipefuls of tobacco | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | [14-15] |

4. During the past 6 months, have you had any on the job accidents?

[1]	[2]	<input type="text"/> [16]
Yes	No	

5. During the past month, about how many days of sick leave did you take?

[Please mark a 0 if no sick days taken] [17-18]

During the past week, how often did you experience the following:

6. I was bothered by things that usually don't bother me.

[0]	[1]	[2]	[3]	<input type="text"/> [19]
Rarely or none of the time [less than 1 day]	Some of the time [1-2 days]	Occasionally or a moderate amount of time [3-4 days]	Most or all of the time [5-7 days]	

7. I did not feel like eating; my appetite was poor.

[0]	[1]	[2]	[3]	<input type="text"/> [20]
Rarely or none of the time [less than 1 day]	Some of the time [1-2 days]	Occasionally or a moderate amount of time [3-4 days]	Most or all of the time [5-7 days]	

8. I felt that I could not shake off the blues even with help from my family or friends.

[0]	[1]	[2]	[3]	<input type="text"/> [21]
Rarely or none of the time [less than 1 day]	Some of the time [1-2 days]	Occasionally or a moderate amount of time [3-4 days]	Most or all of the time [5-7 days]	

9. I felt that I was just as good as other people.

[0]	[1]	[2]	[3]	<input type="text"/> [22]
Rarely or none of the time [less than 1 day]	Some of the time [1-2 days]	Occasionally or a moderate amount of time [3-4 days]	Most or all of the time [5-7 days]	

10. I had trouble keeping my mind on what I was doing.

[0]	[1]	[2]	[3]	<input type="text"/> [23]
Rarely or none of the time [less than 1 day]	Some of the time [1-2 days]	Occasionally or a moderate amount of time [3-4 days]	Most or all of the time [5-7 days]	

CONTINUED ON NEXT PAGE...

[Continued] During the past week, how often did you experience the following:

- | | | | | | | |
|-----|--|---|---------------------------------------|---|---|-----------------|
| 11. | I felt depressed. | [0]
Rarely or
none of the time
[less than 1 day] | [1]
Some of the time
[1-2 days] | [2]
Occasionally or
a moderate amount of time
[3-4 days] | [3]
Most or
all of the time
[5-7 days] | <u> </u> [24] |
| 12. | I felt that everything I did was an effort | [0]
Rarely or
none of the time
[less than 1 day] | [1]
Some of the time
[1-2 days] | [2]
Occasionally or
a moderate amount of time
[3-4 days] | [3]
Most or
all of the time
[5-7 days] | <u> </u> [25] |
| 13. | I felt hopeful about the future. | [0]
Rarely or
none of the time
[less than 1 day] | [1]
Some of the time
[1-2 days] | [2]
Occasionally or
a moderate amount of time
[3-4 days] | [3]
Most or
all of the time
[5-7 days] | <u> </u> [26] |
| 14. | I thought my life had been a failure. | [0]
Rarely or
none of the time
[less than 1 day] | [1]
Some of the time
[1-2 days] | [2]
Occasionally or
a moderate amount of time
[3-4 days] | [3]
Most or
all of the time
[5-7 days] | <u> </u> [27] |
| 15. | I felt fearful. | [0]
Rarely or
none of the time
[less than 1 day] | [1]
Some of the time
[1-2 days] | [2]
Occasionally or
a moderate amount of time
[3-4 days] | [3]
Most or
all of the time
[5-7 days] | <u> </u> [28] |
| 16. | My sleep was restless. | [0]
Rarely or
none of the time
[less than 1 day] | [1]
Some of the time
[1-2 days] | [2]
Occasionally or
a moderate amount of time
[3-4 days] | [3]
Most or
all of the time
[5-7 days] | <u> </u> [29] |
| 17. | I was happy. | [0]
Rarely or
none of the time
[less than 1 day] | [1]
Some of the time
[1-2 days] | [2]
Occasionally or
a moderate amount of time
[3-4 days] | [3]
Most or
all of the time
[5-7 days] | <u> </u> [30] |
| 18. | I talked less than usual. | [0]
Rarely or
none of the time
[less than 1 day] | [1]
Some of the time
[1-2 days] | [2]
Occasionally or
a moderate amount of time
[3-4 days] | [3]
Most or
all of the time
[5-7 days] | <u> </u> [31] |
| 19. | I felt lonely. | [0]
Rarely or
none of the time
[less than 1 day] | [1]
Some of the time
[1-2 days] | [2]
Occasionally or
a moderate amount of time
[3-4 days] | [3]
Most or
all of the time
[5-7 days] | <u> </u> [32] |

[Continued] During the past week, how often did you experience the following:

- | | | | | | | |
|-----|---------------------------------|---|---------------------------------------|---|---|----------------------------|
| 20. | People were unfriendly. | [0]
Rarely or
none of the time
[less than 1 day] | [1]
Some of the time
[1-2 days] | [2]
Occasionally or
a moderate amount of time
[3-4 days] | [3]
Most or
all of the time
[5-7 days] | <input type="text"/> [33] |
| 21. | I enjoyed life. | [0]
Rarely or
none of the time
[less than 1 day] | [1]
Some of the time
[1-2 days] | [2]
Occasionally or
a moderate amount of time
[3-4 days] | [3]
Most or
all of the time
[5-7 days] | <input type="text"/> [34] |
| 22. | I had crying spells. | [0]
Rarely or
none of the time
[less than 1 day] | [1]
Some of the time
[1-2 days] | [2]
Occasionally or
a moderate amount of time
[3-4 days] | [3]
Most or
all of the time
[5-7 days] | <input type="text"/> [35] |
| 23. | I felt sad. | [0]
Rarely or
none of the time
[less than 1 day] | [1]
Some of the time
[1-2 days] | [2]
Occasionally or
a moderate amount of time
[3-4 days] | [3]
Most or
all of the time
[5-7 days] | <input type="text"/> [36] |
| 24. | I felt that people disliked me. | [0]
Rarely or
none of the time
[less than 1 day] | [1]
Some of the time
[1-2 days] | [2]
Occasionally or
a moderate amount of time
[3-4 days] | [3]
Most or
all of the time
[5-7 days] | <input type="text"/> [37] |
| 25. | I could not get "going". | [0]
Rarely or
none of the time
[less than 1 day] | [1]
Some of the time
[1-2 days] | [2]
Occasionally or
a moderate amount of time
[3-4 days] | [3]
Most or
all of the time
[5-7 days] | <input type="text"/> [38] |

During the past month, have you experienced any of the following:

- | | | | | |
|-----|------------------------------|--------|---------|----------------------------|
| 26. | Cold or flu symptoms | [1] No | [2] Yes | <input type="text"/> [39] |
| 27. | Hayfever or allergy symptoms | [1] No | [2] Yes | <input type="text"/> [40] |
| 28. | Allergic skin rash | [1] No | [2] Yes | <input type="text"/> [41] |
| 29. | Slow healing wounds | [1] No | [2] Yes | <input type="text"/> [42] |

_____ -75]

PHYSICAL ENVIRONMENT

STUDY ID:

[1- 5]

FORM NUMBER:

01 31 [6- 7]

FORM REVISION:

01 11 [8- 9]

Please indicate whether the following statements about your job are TRUE or FALSE.

1. The level of NOISE in the area(s) in which I work is usually high.

<input type="checkbox"/>	<input type="checkbox"/>	
True	False	[10]
2. The level of LIGHTING in the area(s) in which I work is usually poor.

<input type="checkbox"/>	<input type="checkbox"/>	
True	False	[11]
3. The TEMPERATURE of my work area(s) during the SUMMER is usually comfortable.

<input type="checkbox"/>	<input type="checkbox"/>	
True	False	[12]
4. The TEMPERATURE of my work areas(s) during the WINTER is usually comfortable.

<input type="checkbox"/>	<input type="checkbox"/>	
True	False	[13]
5. The HUMIDITY in my work area(s) is usually either too high or too low.

<input type="checkbox"/>	<input type="checkbox"/>	
True	False	[14]
6. The level of AIR CIRCULATION in my work area(s) is good.

<input type="checkbox"/>	<input type="checkbox"/>	
True	False	[15]
7. The AIR in my work area(s) is clean and free of pollution.

<input type="checkbox"/>	<input type="checkbox"/>	
True	False	[16]
8. In my job, I am well protected from exposure to DANGEROUS SUBSTANCES

<input type="checkbox"/>	<input type="checkbox"/>	
True	False	[17]
9. The overall quality of the PHYSICAL ENVIRONMENT where I work is poor.

<input type="checkbox"/>	<input type="checkbox"/>	
True	False	[18]
10. My WORK AREA(s) is/are awfully crowded.

<input type="checkbox"/>	<input type="checkbox"/>	
True	False	[19]

STUDY ID:

[1- 5]

FORM NUMBER:

[6- 7]

FORM REVISION:

[8- 9]

People deal with day to day problems at work in many ways. When faced with problems at work, how often do you do each of the following.

1. Make a plan to solve the problem(s) and stick to it.

[1] [2] [3] [4] [5] [10]
Rarely Occasionally Sometimes Fairly Often Very Often

2. Go on as if nothing happened.

[1] [2] [3] [4] [5] [11]
Rarely Occasionally Sometimes Fairly Often Very Often

3. Feel responsible for the problem(s).

[1] [2] [3] [4] [5] [12]
Rarely Occasionally Sometimes Fairly Often Very Often

4. Daydream or wish that you could change the problem(s).

[1] [2] [3] [4] [5] [13]
Rarely Occasionally Sometimes Fairly Often Very Often

5. Talk to your boss or co-workers about the problem(s).

[1] [2] [3] [4] [5] [14]
Rarely Occasionally Sometimes Fairly Often Very Often

6. Become more involved in activities outside of work.

[1] [2] [3] [4] [5] [15]
Rarely Occasionally Sometimes Fairly Often Very Often

SOCIAL SUPPORT

STUDY ID:
FORM NUMBER:
FORM REVISION:

____ [1- 5]
____ [6- 7]
____ [8- 9]

How much do each of these people go out of their way to do things to make your work life easier for you ?

1. Your immediate supervisor (boss)

[1] Very Much	[2] Some- What	[3] A Little	[4] Not At All	[5] Don't have Any Such Person	____ [10]
---------------------	----------------------	--------------------	----------------------	--------------------------------------	------------

2. Other people at work

[1] Very Much	[2] Some- What	[3] A Little	[4] Not At All	[5] Don't have Any Such Person	____ [11]
---------------------	----------------------	--------------------	----------------------	--------------------------------------	------------

3. Your spouse, friends and relatives

[1] Very Much	[2] Some- What	[3] A Little	[4] Not At All	[5] Don't have Any Such Person	____ [12]
---------------------	----------------------	--------------------	----------------------	--------------------------------------	------------

How easy is it to talk with each of the following people?

4. Your immediate supervisor (boss)

[1] Very Much	[2] Some- What	[3] A Little	[4] Not At All	[5] Don't have Any Such Person	____ [13]
---------------------	----------------------	--------------------	----------------------	--------------------------------------	------------

5. Other people at work

[1] Very Much	[2] Some- What	[3] A Little	[4] Not At All	[5] Don't have Any Such Person	____ [14]
---------------------	----------------------	--------------------	----------------------	--------------------------------------	------------

6. Your spouse, friends and relatives

[1] Very Much	[2] Some- What	[3] A Little	[4] Not At All	[5] Don't have Any Such Person	____ [15]
---------------------	----------------------	--------------------	----------------------	--------------------------------------	------------

CONTINUED ON NEXT PAGE...

How much can each of these people be relied on when things get tough at work?

7. Your immediate supervisor (boss)

[1]	[2]	[3]	[4]	[5]	
Very	Some-	A	Not	Don't have	__ [16]
Much	What	Little	At All	Any Such Person	

8. Other people at work

[1]	[2]	[3]	[4]	[5]	
Very	Some-	A	Not	Don't have	__ [17]
Much	What	Little	At All	Any Such Person	

9. Your spouse, friends and relatives

[1]	[2]	[3]	[4]	[5]	
Very	Some-	A	Not	Don't have	__ [18]
Much	What	Little	At All	Any Such Person	

How much is each of the following willing to listen to your personal problems?

10. Your immediate supervisor (boss)

[1]	[2]	[3]	[4]	[5]	
Very	Some-	A	Not	Don't have	__ [19]
Much	What	Little	At All	Any Such Person	

11. Other people at work

[1]	[2]	[3]	[4]	[5]	
Very	Some-	A	Not	Don't have	__ [20]
Much	What	Little	At All	Any Such Person	

12. Your spouse, friends and relatives

[1]	[2]	[3]	[4]	[5]	
Very	Some-	A	Not	Don't have	__ [21]
Much	What	Little	At All	Any Such Person	

WORK HAZARDS

STUDY ID:

____ [1- 5]

FORM NUMBER:

012 [6- 7]

FORM REVISION:

011 [8- 9]

Please answer each of the following questions as they apply to you.

1. Does your job primarily involve providing direct service to specific groups of people or client populations?

[1] [2]
Yes No

____ [10]

2. How often does your job expose you to verbal abuse and/or confrontations with clients or the general public?

[1] [2] [3] [4] [5]
Never Occasionally Sometimes Fairly Often Very Often

____ [11]

3. How often does your job expose you to the threat of physical harm or injury?

[1] [2] [3] [4] [5]
Never Occasionally Sometimes Fairly Often Very Often

____ [12]

4. How often have you been physically assaulted within the past 12 months while performing your job?

[1] [2] [3] [4] [5]
Never Occasionally Sometimes Fairly Often Very Often

____ [13]

5. How often does your job personally subject you to potential legal liability?

[1] [2] [3] [4] [5]
Never Occasionally Sometimes Fairly Often Very Often

____ [14]

WORK LIMITATIONS

STUDY ID:

[1- 5]

FORM NUMBER:

[6- 7]

FORM REVISION:

[8- 9]

We are interested in learning about any work disability you may have had in the last 12 months. Please answer the following questions.

1. Within the past 12 months, has the kind or amount of work you can do been limited by any disability?

[1]
Yes

[2]
No

[10]

IF YOU ANSWERED NO, SKIP THE REMAINING QUESTIONS ON THIS FORM [FORM NUMBER 22].

2. Was this disability caused by your job?

[1]
Yes

[2]
No

[11]

IF YOU ANSWERED NO, SKIP TO QUESTION 4, BELOW

3. Was this disability a result of an accident at work?

[1]
Yes

[2]
No

[12]

4. Have you applied for financial benefits as a result of this disability?

[1]
Yes

[2]
No

[13]

5. Do you currently receive financial benefits as a result of this disability?

[1]
Yes

[2]
No

[14]

WORKLOAD AND RESPONSIBILITY

STUDY ID:

FORM NUMBER:

FORM REVISION:

____ [1- 5]

____ [6- 7]

____ [8- 9]

The next few items are concerned with various aspects of your work activities. Please indicate how much of each aspect you have on your job by writing a number in the box provided.

1. How much slowdown in the work load do you experience?

[1] [2] [3] [4] [5] _____ [10]
Hardly Any A little Some A Lot A Great Deal

2. How much time do you have to think and contemplate?

[1] [2] [3] [4] [5] _____ [11]
Hardly Any A little Some A Lot A Great Deal

3. How much work load do you have?

[1] [2] [3] [4] [5] _____ [12]
Hardly Any A little Some A Lot A Great Deal

4. What quantity of work do others expect you to do?

[1] [2] [3] [4] [5] _____ [13]
Hardly Any A little Some A Lot A Great Deal

5. How much time do you have to do all your work?

[1] [2] [3] [4] [5] _____ [14]
Hardly Any A little Some A Lot A Great Deal

6. How many projects, assignments, or tasks do you have?

[1] [2] [3] [4] [5] _____ [15]
Hardly Any A little Some A Lot A Great Deal

7. How many lulls between heavy work load periods do you have?

[1] [2] [3] [4] [5] _____ [16]
Hardly Any A little Some A Lot A Great Deal

8. How much responsibility do you have for the future of others?

[1] [2] [3] [4] [5] _____ [17]
Hardly Any A little Some A Lot A Great Deal

9. How much responsibility do you have for the job security of others?

[1] [2] [3] [4] [5] _____ [18]
Hardly Any A little Some A Lot A Great Deal

10. How much responsibility do you have for the morale of others?

[1] [2] [3] [4] [5] _____ [19]
Hardly Any A little Some A Lot A Great Deal

11. How much responsibility do you have for the welfare and lives of others?

[1] [2] [3] [4] [5] _____ [20]
Hardly Any A little Some A Lot A Great Deal

YOUR JOB

STUDY ID:

FORM NUMBER:

FORM REVISION:

____ [1- 5]

01 4 [6- 7]

01 1 [8- 9]

How accurate are each of the following statements in describing your job?

1. I feel certain about how much authority I have.

[1]	[2]	[3]	[4]	[5]	[6]	[7]	____ [10]
Very Inaccurate	Mostly Inaccurate	Slightly Inaccurate	Uncertain	Slightly Accurate	Mostly Accurate	Very Accurate	

2. There are clear, planned goals and objectives for my job.

[1]	[2]	[3]	[4]	[5]	[6]	[7]	____ [11]
Very Inaccurate	Mostly Inaccurate	Slightly Inaccurate	Uncertain	Slightly Accurate	Mostly Accurate	Very Accurate	

3. I have to do things that should be done differently.

[1]	[2]	[3]	[4]	[5]	[6]	[7]	____ [12]
Very Inaccurate	Mostly Inaccurate	Slightly Inaccurate	Uncertain	Slightly Accurate	Mostly Accurate	Very Accurate	

4. I know that I have divided my time properly.

[1]	[2]	[3]	[4]	[5]	[6]	[7]	____ [13]
Very Inaccurate	Mostly Inaccurate	Slightly Inaccurate	Uncertain	Slightly Accurate	Mostly Accurate	Very Accurate	

5. I receive an assignment without the help I need to complete it.

[1]	[2]	[3]	[4]	[5]	[6]	[7]	____ [14]
Very Inaccurate	Mostly Inaccurate	Slightly Inaccurate	Uncertain	Slightly Accurate	Mostly Accurate	Very Accurate	

6. I know what my responsibilities are.

[1]	[2]	[3]	[4]	[5]	[6]	[7]	____ [15]
Very Inaccurate	Mostly Inaccurate	Slightly Inaccurate	Uncertain	Slightly Accurate	Mostly Accurate	Very Accurate	

7. I have to bend or break a rule or policy in order to carry out an assignment.

[1]	[2]	[3]	[4]	[5]	[6]	[7]	____ [16]
Very Inaccurate	Mostly Inaccurate	Slightly Inaccurate	Uncertain	Slightly Accurate	Mostly Accurate	Very Accurate	

8. I work with two or more groups who operate quite differently.

[1]	[2]	[3]	[4]	[5]	[6]	[7]	____ [17]
Very Inaccurate	Mostly Inaccurate	Slightly Inaccurate	Uncertain	Slightly Accurate	Mostly Accurate	Very Accurate	

9. I know exactly what is expected of me.

[1]	[2]	[3]	[4]	[5]	[6]	[7]	____ [18]
Very Inaccurate	Mostly Inaccurate	Slightly Inaccurate	Uncertain	Slightly Accurate	Mostly Accurate	Very Accurate	

10. I receive incompatible requests from two or more people.

[1]	[2]	[3]	[4]	[5]	[6]	[7]	____ [19]
Very Inaccurate	Mostly Inaccurate	Slightly Inaccurate	Uncertain	Slightly Accurate	Mostly Accurate	Very Accurate	

CONTINUED ON NEXT PAGE...

How accurate are each of the following statements in describing your job?

11. I do things that are apt to be accepted by one person and not accepted by others.

[1]	[2]	[3]	[4]	[5]	[6]	[7]	__ [20]
Very	Mostly	Slightly	Uncertain	Slightly	Mostly	Very	
Inaccurate	Inaccurate	Inaccurate		Accurate	Accurate	Accurate	

12. I receive an assignment without adequate resources and materials to execute it.

[1]	[2]	[3]	[4]	[5]	[6]	[7]	__ [21]
Very	Mostly	Slightly	Uncertain	Slightly	Mostly	Very	
Inaccurate	Inaccurate	Inaccurate		Accurate	Accurate	Accurate	

13. Explanation is clear about what has to be done on my job.

[1]	[2]	[3]	[4]	[5]	[6]	[7]	__ [22]
Very	Mostly	Slightly	Uncertain	Slightly	Mostly	Very	
Inaccurate	Inaccurate	Inaccurate		Accurate	Accurate	Accurate	

14. I work on unnecessary things.

[1]	[2]	[3]	[4]	[5]	[6]	[7]	__ [23]
Very	Mostly	Slightly	Uncertain	Slightly	Mostly	Very	
Inaccurate	Inaccurate	Inaccurate		Accurate	Accurate	Accurate	

YOUR JOB FUTURE

STUDY ID:

____ [1- 5]

FORM NUMBER:

| 21 1 | [6- 7]

FORM REVISION:

| 01 1 | [8- 9]

In the future, some jobs will be changing while others will be staying the same. Here are some questions which deal with this topic.

1. How certain are you about what your future career picture looks like?

[1]	[2]	[3]	[4]	[5]	__ [10]
Somewhat	A little	Somewhat	Fairly	Very	
Uncertain	Uncertain	Certain	Certain	Certain	

2. How certain are you of the opportunities for promotion and advancement which will exist in the next few years?

[1]	[2]	[3]	[4]	[5]	__ [11]
Somewhat	A little	Somewhat	Fairly	Very	
Uncertain	Uncertain	Certain	Certain	Certain	

3. How certain are you about whether your job skills will be of use and value five years from now?

[1]	[2]	[3]	[4]	[5]	__ [12]
Somewhat	A little	Somewhat	Fairly	Very	
Uncertain	Uncertain	Certain	Certain	Certain	

4. How certain are you about what your responsibilities will be six months from now?

[1]	[2]	[3]	[4]	[5]	__ [13]
Somewhat	A little	Somewhat	Fairly	Very	
Uncertain	Uncertain	Certain	Certain	Certain	

5. If you lost your job, how certain are you that you could support yourself?

[1]	[2]	[3]	[4]	[5]	__ [14]
Somewhat	A little	Somewhat	Fairly	Very	
Uncertain	Uncertain	Certain	Certain	Certain	